



VERIFICATION OF INSTRUCTIONAL WORK EXPERIENCE

THE SCHOOL BOARD OF LEON COUNTY, FLORIDA

RETURN TO THE HUMAN RESOURCES DEPARTMENT
ATTN: INSTRUCTIONAL SECTION
2757 W. Pensacola Street – Tallahassee, FL 32304
Phone: (850) 487-7100

LCS OFFICE USE ONLY

DATE RECEIVED _____
UNIT _____
APPROVED/DENIED _____
YEARS GRANTED _____
REASON FOR DENIAL _____
REVIEWED BY _____

The employee below has accepted employment with Leon County Schools (LCS). LCS reviews previous experience in consideration of determining salary. Please provide all dates of employment and position(s) held. Per LCTA Contract Language Article 21.07.A. ratified 2/26/2019, "Beginning with the 2019-2020 School Year, the deadline to provide the documentation of experience is no later than 120 calendar days from the date of hire to determine and grant salary placement." The information below must be completed by the previous employer. This is a LEGAL document. Erasures, ditto marks and white-out corrections are not acceptable. Please use a separate line for each year of experience. Thank you for your assistance.

EMPLOYEE NAME (Please Print)	FORMER NAME (if Applicable)	LAST 4 DIGITS OF SOCIAL SECURITY #

I hereby authorize you to release the information requested herein to Leon County Schools.

Signature of Employee _____

_____ Date

****Falsification of records to receive compensation to which you are not entitled may result in dismissal****

SCHOOL DISTRICT/SCHOOL NAME _____

SCHOOL YEAR	CONTRACT DAYS	# DAYS WORKED	FULL-TIME/ PART-TIME	PUBLIC/ PRIVATE	SCHOOL NAME	POSITION	SCHOOL ACCREDITATION	SATISFACTORY PERFORMANCE EVALUATION? YES/NO

Please affix a school district seal, district stamp, private school stamp, or notarize the form. If documentation is from a foreign country, the form will need to be sealed or stamped by the Ministry of Education.

Print Name of Authorized Employer _____

_____ Title of Authorized Employer

Signature of Authorized Employer _____

_____ Date

Address of Authorized Employer _____

_____ Phone Number

Email Address _____

Pursuant to Florida Statute 117.05,
(1) A person may not obtain or use a notary public commission in other than his or her legal name, and it is unlawful for a notary public to notarize his or her own signature. Any person applying for a notary public commission must submit proof of identity to the Department of State. Any person who violates this subsection commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____
(Name of Person Acknowledging)
(Person who completed this form)

(NOTARY SEAL)

Signature of Notary Public _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____